Derm Dre	a No. 1034—Revise escribed by General, U.S. ber Aleprove 51, Supp. No. 11) bruary 20, 1952)	TINE TO	VOUCHER FOR ICES OTHER TI	PURCHAS HAN PERS	ESA-C	0360R		00101	33-8	
U.S. COST	REIMBURSA							PAII	O BY	
Vouchen such	and at	(Department, bu	ureau, or establishment)						ــ د.،	
r oucher prep	arca at		(Give place and date)			·)	Cond)#J	
THE UNITED S	STATES, Dr.,	Payee	e's Account No				1	SAP6	इक्षर	
To								COPY	1 OF 2	
		(1	Payee)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(Ad	dress)	(City)	()	State)		. <u> </u>			'
No. and Date of Order	Date of Delivery or Service	(Enter description, i schedule, and	TICLES OR SERVICES em number of contract or Feder ther information deemed necessa		supply y) QUANTITY		UNIT PRICE Cost Per		AMOUNT Dollars Cts.	
		Discount Terms	·							
		Cost							335	04
PAYMENT: Complete Partial Final									٠	
			ntinuation sheet(s) if ne Weight	Government	D/I No			Total	335	<u>O1</u>
Shipped from						ree must NO	T use this	·		107
		t and just and that paym	ent has not been receiv	rea.	Differen	ices				
S	STATINTL	(Sign original only)					· 			
5/14/5	8 *Payee									
	Payee	cate not required when a like	e certificate is made by payse on at			unt verified; nature or init	سة ت		535	04
Per _ Contract No.	A-101	Date	Reg. No			Date		nvoice Rec'd		
		I certify that this account	t is correct and proper	for payment						
	•		is correct and proper	_						
TApproved for \$.			SIGN			(Authori	zed Certify	ing Officer)		
Ву			ORIGINAL ONLY	Title						
rane. 1			V2.	Data						
little		HIS FORM MUST BE EXECUTED V	WHEN PURCHASES ARE MAD							
								 	 	
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(Charle	No.	dated	_ 19	for \$			fon Tre	easurer of the U	Inited States in	avor of
Paid by Cash	t	, on	10	Payree			payee	named above.		
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writing the compar "John Doe Compa	ny or Apportove ny, per John Smith.	ed in the name of a company of which the case of sectory", or "Treasurer or to approve are combined in will sign on the line below "	ic 2000 04 appar , as the case may be.	OIA-RD	P64-(00360R	00060	00101	33-8	****
† If the ability to essary; otherwise the over his official title	certify and authority he approving officer le.	to approve are combined in will sign on the line below "	n one person, one signatu 'Approved for \$	re only is nec- , and	1	itle			1622900	⊢6

Standar: Form No. 1035a—Revised
Form prescription Gentle Standar: Form prescription Gentle Standar: Form Personal
Comptroller Gentle For Revised Por R

CONTINUATION SHEET

No. and Date of Order	Date of Delivery or Service	(Department, bureau, or establishment) ARTICLES OR SERVICES		OUAN-	UNIT PRICE		AMOUNT	
		cm . 1	of contract or Federal supply schedule, tion deemed necessary)	QUAN- TITY	Cost	Per	Dollars	Ct
		Contract A-101	_ System III					
		Direct Costs Pro Contract A-10/ 3/9/58	perly Chargeable to for Week Ending					
			STATINTL	<u>P</u>	roducti	on		ota
bor f o	r Week En	nding March 9, 1958						
mputed	for Comm at inter ction -	munications Division rim rates as follows:	STATINTL					
otal La	bor and (Overhead						
& A ex te of	pense cor	mputed at interim						
otal Co	sts	STATINT	L				\$ <u>3.</u>	35